

<b>REVOCATION OF POWER OF                  ATTORNEY WITH                  NEW POWER OF ATTORNEY                  AND                  CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/848,831
	Filing Date	May 19, 2004
	First Named Inventor	James F. Bredt
	Art Unit	1794
	Examiner Name	S. Ahmed
	Attorney Docket Number	ZCO-100

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 051414

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
 Customer Number:

OR

☐ Firm or  
 Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.